

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

	00572 ,	00572 (Prior Period)	NAIC Compa	any Code	11557	Employer's ID	Number _	47-2582248	
Organized under the Laws of	of	Michigan		, State	of Domicile	e or Port of Entry		Michigan	
Country of Domicile				United	States				
Licensed as business type:	Life, Acciden	t & Health []	Property/0	Casualty []		Hospital, Medical & [Dental Ser	vice or Indemnity []	
	Dental Servi	ce Corporation []	Vision Se	rvice Corpora	ation [] Health Maintenance Organization [X]				
	Other []		Is HMO,	Federally Qu	alified? Ye	es[]No[X]			
Incorporated/Organized		12/18/2014		Commenced	Business		01/01/200	03	
Statutory Home Office		100 Galleria Officen	tre. Suite 210			Southfield,	MI. US 48	304	
·		(Street and Nu		,		(City or Town, State			
Main Administrative Office					Stevens D				
Philad	delphia, PA, U	S 19113		(Stre	et and Numb	er) 215-937-8000			
	wn, State, Country					(Area Code) (Telephone N	umber)		
Mail Address		ria Officentre, Suite 2 and Number or P.O. Box)	210			Southfield, MI, (City or Town, State, Cour		odo)	
Primary Location of Books a	,	and Number of P.O. Box)			200.5	Stevens Drive	ili y and zip C	ode)	
,						et and Number)			
	delphia, PA, U				(Are	215-937-8000 ea Code) (Telephone Numbe			
Internet Web Site Address				MiBlueCross	,	, , ,	, (=,		
Statutory Statement Contac	 t	Dawn Marie Vac	heresse		•	248-663	 3-7395		
	_	(Name) scomplete.com				(Area Code) (Telephon 248-663-7417		xtension)	
)				(Fax Number)				
			OFFI	CERS					
Name		Title	OFFI	CERS	Name	e		Title	
Steven Harvey Bohner		Treasurer		Robert H	oward Gilr	man, Esquire #_,	Secretary		
James Michael Jerniga	<u>n #</u> ,	President							
	,		OTHER C	PFFICER	3	,			
		DIRE	CTORS (OR TRUS	STEES				
Eileen Mary Coggins	#	James Michael Je			k Robert E	Bartlett #	Lynda	Marie Rossi #	
State of	Pannevlyania								
County of	•	SS							
,									
The officers of this reporting en above, all of the herein describe	ed assets were	the absolute property of	f the said reporti	ng entity, free a	and clear fro	om any liens or claims the	ereon, exce	pt as herein stated, and	
that this statement, together will liabilities and of the condition are									
and have been completed in accomply differ; or, (2) that state rule									
knowledge and belief, respectiv	ely. Furthermore	e, the scope of this atte	station by the de	escribed officers	s also includ	des the related correspon	nding electro	onic filing with the NAIC,	
when required, that is an exact regulators in lieu of or in addition			s due to electron	nc ming) or the	enciosea s	tatement. The electronic	illing may t	be requested by various	
Steven Harve Treasu		ı	Robert Howard Sec	d Gilman, Esq cretary	uire	Jame	es Michael Preside		
3400			_ 50	,	0 10	this an original filing?		Yes [X]No[]	
Subscribed and sworn to b	efore me this				a. is b. If	this an original filing? no:		.00 [%] 110 []	
day of	February	<u>, 2016</u>				State the amendment	number		
						Date filed Number of pages atta	ched		
						. •			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
						
	 		+			
			+			
	$\Lambda O \Lambda$	···	+			
		·				
			<u> </u>			
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	<u> </u>					
0299999 Total group	0	0	0	0	0	<u> </u> 0
039999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables			-		_	
PerformRx, LLC		169,055	169,056	320,649	320,649	507 , 160
0199999 - Pharmaceutical Rebate Receivables	169,055	169,055	169,056	320,649	320,649	507,160
Claim Overpayment Receivables	•					
BMA LIVONIA.			234,043		234,043	
FINC CONNER DIALYSIS CENTER.		3,924	101,055		104,979	
FMC DIALYSIS SERVICES EAST DETROIT.			46,762		48,330	
BRIGHTON DIALYSIS CENTER		855	43,085		43,940	
BRIGHTON DIALYSIS CENTER BMA NORTHWEST DETROIT.	2,435		41,931		44,366	
FMC DIALYSIS SERVICES UNIVERSITY.					33,411	
UNIV OF MICHIGAN HEALTH SYSTEM DIALYSIS.					35,367	
GARDEN CITY HOSPITAL					17,394	
THE CARE & REHABITATION CENTER AT GLACIE		10,224			10,224	
0299998 - Aggregate of amounts not individually listed above.	17,803	4,819	15,647		38,269	
0299999 - Claim Overpayment Receivables	74,566	19,822	515,934	0	610,322	
Loans and Advances to Providers						
Oakland Southfield					10,671	
0399999 - Loans and Advances to Providers	10,671	0	0	0	10,671	
Risk sharing Receivables	· · · · · · · · · · · · · · · · · · ·					
University of Michigan.	2,778,150				390,495	2,387,65
0599999 - Risk sharing Receivables	2,778,150	0	0	0	390,495	2,387,65
Other Receivables					<i></i>	
Michigan Department of Community Health	L .527,005	6.070	3,787			536,86
0699999 - Other Receivables	527,005	6,070	3,787	0	0	536,86
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0799999 Gross Health Care Receivables	3,559,447	194,947	688,777	320,649	1,332,137	3,431,68

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year	Health Care Receivables Accrued as of December 31 of Current Year		5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	581,167	722,954		827,815	581,167	632,521
Claim overpayment receivables	254,471	9,698,368		610,322	254,471	633,028
Loans and advances to providers				10,671	0	
Capitation arrangement receivables					0	
Risk sharing receivables	4,121,722			2,778,150	4,121,722	4,080,922
Other health care receivables	3,932,154	10,281,793		536,862	3,932,154	3,078,359
7. Totals (Lines 1 through 6)	8,889,515	20,703,114	0	4,763,820	8,889,515	8,424,830

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C			` -	•	•
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
	1 co bays	or or baye	or co baye	01 120 Bayo	0101 120 Bayo	1000
Claims Unpaid (Reported) UNIV OF MICHIGAN MEDICAL HEALTH SYSTEM	1,306,254	48,401				1,354,655
BEAUMONT DEARBORN	671,450	19,339				
HENRY FORD HOSPITAL		104				
CT INUN UNCOLTAL AND MEDICAL CENTED	199,546	137 , 145				
ST JOSEPH MERCY HOSPITAL ANN ARBOR. HARPER UNIV HOSPITAL & HUTZEL PROVIDENCE HOSPITAL AND MEDICAL CENTERS.	320,865					320,865
HARPER LINIV HOSPITAL & HUTZEL	252,990	6,502				259,492
PROVIDENCE HOSPITAL AND MEDICAL CENTERS	255,902	3,360				259,262
BEAUMONT FARMINGTON HILLS	250,279					250,279
SINAI-GRACE HOSPITAL	198,290					232,709
Realmont Royal Oak	179,238					179,238
Beaumont Royal Oak. GARDEN CITY HOSPITAL	99.084					176,504
DETROIT RECEIVING HOSPITAL	169,501					169,501
3982902	156,749					156,749
QUEST DIAGNOSTICS INCORPORATED MI	130,584					130,584
ST JOHN MACOMB OAKLAND HOSPITAL.	104,036					104,036
KARMANOS CANCER CENTER	85,159					.85,159
MILLENNIUM Health LLC.	78,304					
ST MARY MERCY HOSPITAL LIVONIA	61,297	13,902				75,199
GOEDTEL		13,902				
CHILDRENS HOSPITAL OF MICHIGAN.						
HENRY FORD WYANDOTTE HOSPITAL	54,882					
JOINT VENTURE HOSPITAL LABS.	50,919					50,919
2635956						49,114
ST JOSEPH MERCY HOSPITAL LIVINGSTON	47,972					49,114
NATERA INC				·····		27,005
ORCHARD TOXICOLOGY.						25,739
NORTHWOOD INC						24,731
COMPLETE INFUSION SERVICES LLC				ł		21,103
	20,510			ł		20,510
2370904	17,232			ł		17,232
AMERITOX LTD	16, 144			ł		16,144
MORAWA						15,798
KUFNER						15,662
St Joseph Mercy Chelsea	15,631					15,631
Christ						14,205
REHABILITATION INSTITUTE OF MICHIGAN						13,510
DARWICHE.	13,013					13,013
FEBRUAR	12,068					12,068
ROCHEFORT						10,773
2369797	10,721					10,721
SHAH	10,670					10,670
0199999 Individually listed claims unpaid	5,704,590	340,592	0	J0	0	6,045,182
0299999 Aggregate accounts not individually listed-uncovered						<u> </u>
0399999 Aggregate accounts not individually listed-covered	1,291,475	2				1,291,477
0499999 Subtotals	6,996,065	340,594	0	0	0	7,336,659
0599999 Unreported claims and other claim reserves						26,618,612
0699999 Total amounts withheld						
0799999 Total claims unpaid						33,955,271
0899999 Accrued medical incentive pool and bonus amounts						1,700,001
2000000 / 100.000 modical modifiero pool and pondo amounto						1,100,001

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Blue Care Network of Michigan, Inc.	677,699	-					
							ļ
0199999 Individually listed receivables	677 ,699	0	ļ0	J0	677 , 699	J0	ļ0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	677,699	0	0	0	677,699	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	2	1 4	5
Affiliate	Description	Amount	Current	Non Current
Allillate		Amount	Current	Non-Current
AmeriHealth Caritas Health Plan	Administrative services and other costs	7,561,325	7,561,325	
PerformRx, LLC	Drug Therapy Management Program		476,797	
AmeriHealth Caritas Health Plan	Drug Therapy Management Program	412,512	412,514	
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0199999 Individually listed payables	-	8,450,634	8.450.636	0
0299999 Payables not individually listed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 400,000	
		9 450 624	0 450 626	0
0399999 Total gross payables		8,450,634	8,450,636	U

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	117,637,991	33.3	617,592	697.6		117,637,991
2. Intermediaries		0.0		0.0		
3. All other providers		6.3	617,592	697 . 6		22 , 166 , 131
Total capitation payments		39.5	1,235,184	1,395.2	0	139,804,122
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
Contractual fee payments	212,109,305	60.0	xxx	XXX	,	212, 109, 305
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		<u> </u>
Bonus/withhold arrangements - contractual fee payments	1,843,050	0.5	xxx	XXX		1,843,050
9. Non-contingent salaries		0.0	xxx	XXX		<u> </u>
10. Aggregate cost arrangements	L0 L	0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	XXX		
12. Total other payments	213,952,355	60.5	XXX	XXX	0	213,952,355
13. Total (Line 4 plus Line 12)	353,756,477	100 %	XXX	XXX	0	353,756,477

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES									
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized				
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC				
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9999999 Totals			XXX	XXX	XXX				

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Blue Cross Complete of Michigan LLC REPORT FOR: 1. CORPORATION

								(LOCATION)		
NAIC Group Code 00572 BUSINESS IN THE STATE OF	- Michigan			DURING THE YEAR	2015	T	T	NA.	C Company Code	11557
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,823								74,823	
2 First Quarter	83,256								83,256	
3 Second Quarter	89,441								89,441	
4. Third Quarter	84,537								84,537	
5. Current Year	88,533								88,533	
6 Current Year Member Months	1,036,110								1,036,110	
Total Member Ambulatory Encounters for Year:										
7. Physician	719,272								719,272	
8. Non-Physician	175,191								175,191	
9. Total	894,463	0	0	0	0	0	0	0	894,463	
10. Hospital Patient Days Incurred	52,469								52,469	
11. Number of Inpatient Admissions	11,603								11,603	
12. Health Premiums Written (b)	422,544,050								422,544,050	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	422 , 544 , 050								422,544,050	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	353 ,756 ,477								353,756,477	
18. Amount Incurred for Provision of Health Care Services	357,394,260								357,394,260	

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO OTTUT OTATE OF	- 0			(LOCATION)	44557					
NAIC Group Code 00572 BUSINESS IN THE STATE OF	- Consolidated	Comprel	hensive	DURING THE YEAR	2015			NA	IC Company Code	11557
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,823	0	0	0	0	0	0	0	74,823	
2 First Quarter	83,256	0	0	0	0	0	0	0	83,256	
3 Second Quarter	89,441	0	0	0	0	0	0	0	89 , 441	
4. Third Quarter	84,537	0	0	0	0	0	0	0	84 , 537	
5. Current Year	88,533	0	0	0	0	0	0	0	88,533	(
6 Current Year Member Months	1,036,110	0	0	0	0	0	0	0	1,036,110	(
Total Member Ambulatory Encounters for Year:										
7. Physician	719,272	0	0	0	0	0	0	0	719,272	
8. Non-Physician	175,191	0	0	0	0	0	0	0	175,191	
9. Total	894,463	0	0	0	0	0	0	0	894,463	
10. Hospital Patient Days Incurred	52,469	0	0	0	0	0	0	0	52,469	
11. Number of Inpatient Admissions	11,603	0	0	0	0	0	0	0	11,603	
12. Health Premiums Written (b)	422,544,050	0	0	0	0	0	0	0	422,544,050	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	422,544,050	0	0	0	0	0	0	0	422,544,050	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	353,756,477	0	0	0	0	0	0	0	353,756,477	
18. Amount Incurred for Provision of Health Care Services	357,394,260	0	0	0	0	0	0	0	357,394,260	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For	Reinsurance Payable on Paid and Unpaid Losses	Modified	Funds Withheld Under Coinsurance
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9999999	Totals					0	0	0	0	0	0 '

SCHEDULE S - PART 2

	Rei	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year	I 7
	2	3	4	5	6	7
1 NAIC Company	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number Ith - Affiliates	Date	Company	Jurisdiction	Losses	Losses
15649	47 - 2221114	01/01/2015	WOODWARD STRAITS INS CO	MI		250,000
1399999 - Acci	dent and Health	- Affiliates - U.S. - Affiliates - U.S.	- Other		0	250,000 250,000
1899999 - Acci	dent and Health	- Affiliates - Tota	- iotai I Affiliates		0	250,000
2299999 - Acci	dent and Health	- Total Accident and	d Health		0	250,000
2399999 - 10ta	I U.S. (SUM OF U.	399999, 0899999, 149	99999 and 1999999) 		0	250,000
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9999999 Tot	tals—Life, Annu	ity and Accident ar	nd Health (Sum of 1199999 and 2299999)		0	250,000

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SCHEDULE S - PART 3 - SECTION 2

Dainauranaa Cadad	Assidant and Hastib Incurance	I inted by Dainarrian Common.	vas of December 31. Current Year

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
					6	7			1			1	
1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	i i
Company	ID	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count - Authorized			Julisuiction	Ceded	Ceueu	Fieliliulis	(LStilliated)	Joneanieu Fremiums	Cultelli Teal	Filor real	I IVESCIAE	Officer Consularice
	30UIII - AUIII01120	04/04/204F	U.S UTIET	M.	001 / 1 / 1	I MO	4 000 400						
15649	47 - 222 1 14	01/01/2015	WOODWARD STRAITS INS CO	MI	SSL/1/L	. MC	4,092,120						
0299999	- General Account	- Authorized - A	Affiliates - U.S Other				4,092,120	0	0	0	0	0	0
0399999	- General Account	- Authorized - A	Affiliates - U.S Total				4,092,120	0	0	0	0	0	0
0799999	- General Account	- Authorized - A	Affiliates - Total Authorized Affiliates				4,092,120	0	0	0	0	0	0
1199999	- General Account	- Authorized - 1	Total General Account Authorized				4,092,120	0	0	0	0	0	0
3499999	- General Account	- Total General	Account Authorized, Unauthorized and Certified				4,092,120	0	0	0	0	0	0
6999999	- Total U.S. (Sum	of 0399999 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	4299999 4899999	5399999 5999999 and	d 6499999)	4,092,120	0	0	0	0	0	0
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9999999	9 Totals						4,092,120	0	1 0 1	0	1 0	1 0	0

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2015	2014	2013	2012	2011
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	4,092	3 , 196	428	339	(344)
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	(1,345)	3,592	2,376	312	(306)
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	250	2,869	1,714	173	19
Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.			0	0	0
11. Unauthorized reinsurance offset				0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	109 , 152 , 843		109 , 152 , 843
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	250,000	250,000
5.	All other admitted assets (Balance)	6,298,728		6,298,728
6.	Total assets (Line 28)	115,451,571	250,000	115,701,571
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	33,705,271	250,000	33,955,271
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,700,001		1,700,001
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				
14.				42,190,430
	Total liabilities (Line 24)		250,000	
16.			XXX	37,855,869
	Total liabilities, capital and surplus (Line 34)	115,451,571	250,000	115,701,571
	NET CREDIT FOR CEDED REINSURANCE	110,101,011	200,000	110,701,071
18.		250 000		
	Accrued medical incentive pool.	i - I		
20.	Premiums received in advance			
21.				
22.				
23.	Total ceded reinsurance recoverables	250,000		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	Total ceded reinsurance payables/offsets			
31.		250,000		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						-
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN					·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ			ļ			
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		ļ				
41. South Carolina	SC		.				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

4

			1 4			7		9	10	I 44	10	40	44	1 45
1	2	3 NAIC	4	5	6	Name of Securities Exchange if Publicly	8 Names of	J	10 Relationship to	11	Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14 Ultimate Controlling	15
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies)/ Person(s)	*
	'	Codo	- Number	HOOD	Ont	international)	Blue Cross Blue Shield of	Location	Littly	(Name of Emily/1 ordon)	imacrico, otrici)	1 Groomage	1 0.0011(0)	
00572	BC/BS of Michigan Mutual Insurance Co	54291	38-2069753				Michigan Mutual Insurance Company	M I	RE	State of Michigan	Legal			1
		1					1]			Blue Cross Blue	
										Blue Cross Blue Shield of			Shield of Michigan Mutual	1
00570	BC/BS of Michigan Mutual	00000	07.0504000						D O	Michigan Mutual Insurance	0 1:		Insurance	1
00572	Insurance Co.	. 00000	27 - 0521030	-			Accident Fund Holdings, Inc	MI	DS	Company	.Ownership	100.0	CompanyBlue Cross Blue	
													Shield of	1
	BC/BS of Michigan Mutual												Michigan Mutual Insurance	1
00572	Insurance Co	. 00000	. 00-9789424	-			AF Global Capital, Ltd	GBR	DS	Accident Fund Holdings, Inc	.Ownership	100.0	Company	
													Blue Cross Blue Shield of	1
	BC/BS of Michigan Mutual						Accident Fund Insurance Company						Michigan Mutual Insurance	1
00572	Insurance Co	10166	38-3207001				of America	M I	DS	Accident Fund Holdings, Inc	Ownership	100.0	Company	J
											'		Blue Cross Blue Shield of	1
													Michigan Mutual	1
00572	BC/BS of Michigan Mutual Insurance Co	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership.		Insurance Company	1
00372	Thisurance co	. 29137		-				wı		. Company of America	. Ownership		Blue Cross Blue	
													Shield of Michigan Mutual	1
	BC/BS of Michigan Mutual						Accident Fund General Insurance			Accident Fund Insurance			Insurance	1
00572	Insurance Co	. 12304	. 20-3058200				. Company	MI	DS	Company of America	Ownership	100.0	CompanyBlue Cross Blue	
													Shield of	1
	BC/BS of Michigan Mutual						Accident Fund National			Accident Fund Insurance			Michigan Mutual Insurance	1
00572	Insurance Co	12305	20-3058291				Insurance Company	MI	DS	Company of America	Ownership	100.0	Company	
													Blue Cross Blue Shield of	1
										<u> </u>			Michigan Mutual	1
00572	BC/BS of Michigan Mutual Insurance Co	10713	36-4072992				Third Coast Insurance Company	IL	DS	Accident Fund Insurance Company of America	Ownership	100 0	Insurance Company	j
00012		. 107 10	100 401 2002	-		1				, company or Amorroa	, oor on p		Blue Cross Blue	
													Shield of Michigan Mutual	1
	BC/BS of Michigan Mutual									Accident Fund Insurance			Insurance	1
00572	Insurance Co	12177	. 20-1117107			 	CompWest Insurance Co	CA	DS	Company of America	Ownership	100.0	Company	1

											•			
Group Code	2 Group Name	NAIC Company Code	ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
	'					,				,	, ,		Blue Cross Blue	
00572	BC/BS of Michigan Mutual	00000	20-1420821				LifeSecure Holdings Corporation	AZ		Blue Cross Blue Shield of Michigan Mutual Insurance Company	.Ownership		Shield of Michigan Mutual Insurance Company	
										,,,,			Blue Cross Blue	
00572	BC/BS of Michigan Mutual	77720	75-0956156				LifeSecure Insurance Company	MI		LifeSecure Holdings Corporation	Ownership		Shield of Michigan Mutual Insurance Company	,
	BC/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance			Blue Cross Blue Shield of Michigan Mutual Insurance	
00572	Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Company	Ownership	100.0	Company	
00572	BC/BS of Michigan Mutual	00000	45-3854611				Michigan Medicaid Holdings Company	M1		Blue Cross Blue Shield of Michigan Mutual Insurance Company	.Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	1
00572	BC/BS of Michigan Mutual	11557	47 - 2582248				Blue Cross Complete of Michigan	MI	DS	Michigan Medicaid Holdings Company	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	
	BC/BS of Michigan Mutual												Blue Cross Blue Shield of Michigan Mutual Insurance	
00572		00000	38-3134881	-			BCN Service Company	MI		Blue Care Network of Michigar	.Ownership		Company Blue Cross Blue Shield of Michigan Mutual	
00572	BC/BS of Michigan Mutual Insurance Co	52037	38-2536979				Blue Care of Michigan, Inc	MI	DS	Michigan Mutual Insurance Company	Ownership		Insurance Company Blue Cross Blue	
00572	BC/BS of Michigan Mutual Insurance Co	00000	.38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI		Blue Care of Michigan, Inc	Ownership	100.0	Shield of Michigan Mutual Insurance Company	
	BC/BS of Michigan Mutual Insurance Co	15649	47 - 2221114				Woodward Straits Insurance Company	MI		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership		Michigan Mutual Insurance Company	

							-							
Group Code	2 Group Name	3 NAIC Company Code	ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	15
00000		. 00000	. 47 - 5653683				SBBX Co	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	.Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		. 00000	. 11-7388370				ikaSystems	DE	DS	SBBX	.Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	. 58 - 1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	.Ownership	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		. 00000	27 - 1038374				Bloom Health Corporation	DE		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.7	Company	
00000		00000	45 - 1259278				EIN Properties LLC	M1		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.	40.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	47 - 4522025				Data Driven Delivery Systems, Holdings, LLC	DE		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance	
00000		. 00000	., 45-3742721				Data Driven Delivery Systems,	DE	NIA	Data Driven Delivery Systems,	.Ownership	100.0	Company	
00000		. 00000	. 45 - 1062167				NDBH Holding Company, LLC	MO		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		. 00000	. 43 - 1698690				New Directions Behavioral Health, LLC.	MO	NIA	NDBH Holding Company, LLC	Ownership	99.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	30-0703311				BMH LLC	DE		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.	38.7	BCBSM and IBC MH	

	2	3	1	5	6	7	8	9	10	11	12	13	14	15
'	2) s	4	5	O	Name of	0	9	10	11	Type of Control	13	14	15
						Securities					(Ownership,			i
		NAIC				Exchange if	Names of		Dolotionobin to		Board,	If Control is	Ultimate	1
Group		Company	ID	Federal		Publicly Traded (U.S. or	Parent. Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Controlling Entity(ies)/	1
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
00000		00000	20, 20,40000				BMH SUBCO LLC	DE	NII A	BMH LLC	O	20.7	BCBSM and IBC MH	1
00000		00000	38-3946080				BMH SUBCU I LLC	DE	NIA	I BWH LLC	Ownership	38.7	LLCBCBSM and IBC MH	i
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.7	LLC	
00000		00000	45 5445705				AmeriHealth Caritas Services,	25		DWILLIA O		00.7	BCBSM and IBC MH	. 1
00000		00000	45 - 54 157 25				LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	LLC	
							5.						BCBSM and IBC MH	ı İ
00000		00000	23-2859523				AmeriHealth Caritas Health Plan. AmeriHealth Caritas Louisiana,	PA	NIA	BMH SUBCO II LLC AmeriHealth Caritas Health	Ownership	19.4	BCBSM and IBC MH	ı
00000		14143	27 - 3575066				Inc	LA	I.A	Plan	Ownership	38.7	LLC	i
l							Select Health of South			AmeriHealth Caritas Health			BCBSM and IBC MH	1
00000		95458	57 - 1032456				Carolina, IncAmeriHealth Caritas Georgia,	SC	IA	Plan AmeriHealth Caritas Health	.Ownership	38.7	LLC BCBSM and IBC MH	
00000		14692	20-2467931				Inc.	GA	IA	Plan	Ownership.	38.7	LLC	i
							AmeriHealth Caritas Indiana,			AmeriHealth Caritas Health	'		BCBSM and IBC MH	
00000		00000	20-4948091				LLC	IN.	NIA	Plan	.Ownership	38.7	LLC	
00000		15800	47 - 3923267				AmeriHealth Caritas Iowa. Inc	IA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH	i
00000							Transferred tras rowa, mo			AmeriHealth Caritas Health	. owner on p		BCBSM and IBC MH	
00000		00000	. 26-1809217				Perform RX IPA of New York, LLC	NY	NIA	Plan	.Ownership	38.7	LLC	
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership.	38.7	BCBSM and IBC MH LLC.	
00000		00000					Community Behavioral Healthcare	/ /		AmeriHealth Caritas Health	. Owner sirrp	۱. ۵۷	BCBSM and IBC MH	i
00000		00000	25-1765391				Network of Pennsylvania, Inc	PA	NIA	Plan	Ownership	38.7	LLC	
00000		13630	26-0885397				CBHNP Services, Inc	PA	IA	AmeriHealth Caritas Health	.Ownership	38.7	BCBSM and IBC MH LLC.	i
00000		. 13030					Conne services, inc	ГА		AmeriHealth Caritas Health	. Owner Strip		BCBSM and IBC MH	
00000		14378	45-4088232				Florida True Health, Inc	FL	IA	Plan	Ownership	19.4	LLC	
00000		00000	47 - 5566319				AmeriHealth Caritas Virginia,	VA	I A	AmeriHealth Caritas Health Plan	Ownership.	38.7	BCBSM and IBC MH	i
00000		. 00000					1110	VA		AmeriHealth Caritas Health	. Owner Sirip	۱. ٥٥	BCBSM and IBC MH	·
00000		00000	37 - 1752699				FTH Clinic, LLC	FL	NIA	Plan	Ownership	38.7	LLC	
00000		00000	C4 470000C				Danatina MCO LLC	FI	NII A	Florido Tavo Hoolth Inc	O		BCBSM and IBC MH	
00000		00000	61-1720226				Prestige MSO, LLCAmeriHealth District of	FL	NIA	Florida True Health, Inc AmeriHealth Caritas Health	Ownership	9.9	BCBSM and IBC MH	
00000		15088	46-1482013				Columbia, Inc	DC	IA	Plan	Ownership	38.7	LLC	
00000		45404	40.000000							AmeriHealth Caritas Health		00.7	BCBSM and IBC MH	
00000		15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	Plan AmeriHealth Caritas Health	Ownership	38.7	BCBSM and IBC MH	
00000		14261	45-3790685				AmeriHealth Nebraska, Inc	NE	IA	Plan	Ownership	27 . 1	LLC	
										AmeriHealth Caritas Health	'		BCBSM and IBC MH	
00000		00000	. 27 -0863878				PerformRx, LLC	PA	NIA	Plan	.Ownership	38.7	LLCBCBSM and IBC MH	
00000		00000	61-1729412				PerformSpecialty, LLC.	PA	NIA	PerformRx. LLC	Ownership	38.7	LLC	
i i						,	Regence AmeriHealth Caritas,			AmeriHealth Caritas Health			BCBSM and IBC MH	
00000		00000	46-4191591				Inc.	WA	NIA	Plan	Ownership	19.4	LLC	ı

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		-				Name of					Type of Control			
						Securities					(Ownership,	15 0	1.00	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership	Ultimate Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact.	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Percentage	Person(s)	*
													BCBSM and TBC MH	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	.Ownership	19.4	LLC	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	BCBSM and IBC MH	
00000		00000	23-2042344				Blue Cross Complete of Michigan			AmeriHealth Caritas Health	. Owner Sirrp		BCBSM and IBC MH	
00000		11557	47 - 2582248				LLC	MI	I A	Plan	Ownership	19.4	LLC	
								-	-					
<u> </u>							1			L	·			

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mutua	9,000,000	(115,837,800)			2,021,276,333	18,232,554			1,932,671,087	2,471,211
95610	38-2359234	Blue Care Network of Michigan		29 , 200 , 322			(1,682,048,919)	(18,570,044)		144 , 175 , 767	(1,527,242,874)	7 , 980 , 445
52037	38-2536979	Blue Care of Michigan, Inc.					(202, 387)	(17,716)		2,390,661	2 , 170 , 558	
00000		Accident Fund Holdings, Inc.	5,500,000		<u> </u>		(13,493,656)		ļ		(7,993,656)	
10166 I	38-3207001	Accident Fund Insurance Company of Ameri	(14,500,000)				39,345,264		*		24.845.264	541,916,487
12304	20-3058200	Accident Fund General Insurance Company					(85, 835, 932)		*		(85.835.932)	(272,926,734
12305	20-3058291	Accident Fund National Insurance Company			I	l	(38, 303, 687)		*		(38,303,687)	(60,129,086
10713 I	36-4072992	Third Coast Insurance Company				<u> </u>	(161,421)		L		(161.421)	
29157	39-0941450	United Wisconsin Insurance Company.					42,041,129		*		42,041,129	(129,960,398
00000		Blue Care Network Medical Malnractice Se					(84,871)	(350,000)	1	(94,229,911)	(94,664,782)	
00000		Blue Care Network Ston-Loss and Casualty					(85,014)	(5,673,000)		(47,492,596)	(53,250,610)	
00000		Blue Care Network Stop-Loss and Casualty. BCN Service Company			†		(352,526,698)	(0,070,000)		48,250	(352,478,448)	
00000		EIN Properties LLC			İ		9.407.907		1		9.407.907	
00000		Bloom Health Corporation.			İ				†		0	
11557	32-0026448	Blue Cross Complete of Michigan.		14,799,678	†		(50,935,622)	(164,444)	†	(4,892,171)	(41, 192, 559)	
00000	32-0020440	Blue Cross and Blue Shield of Michigan F		14,733,070		····	(1,356,905)	(104,444)		(4,032,171)	(41, 192, 333)	
12177	20-1117107	CompWest Insurance Co			†	·····	(11, 131, 385)		*		(1, 131, 385)	(78.900.269
77720	75-0956156	LifeSecure Insurance Company		12,000,000	 		1,907,429		····		13,907,429	(70,900,209
00000		NACCO Corporation		12,000,000			75,701,281		ł		75,701,281	
00000		NASCO CorporationPerformRx. LLC			·		15,586,757		····			
00000		Data Driven Delivery Systems, Inc.			 		3,257,380				3,257,380	
00000		Data Driven Delivery Systems, Inc.			+	ł	3,207,380	0 540 050	 	·····	3,237,380	/40 454 050
00000		Woodward Straits Insurance Company			ļ		9,525,504	6,542,650	ļ		16,068,154	(10,451,656
00000		AmeriHealth Caritas Health Plan		59,836,800			18, 117,513		ļ		77,954,313	
00000	45-3854611	Michigan Medicaid Holdings Company		1,000					ļ		1 ,000	
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									<u> </u>			
9999999 (Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		YES
3.		YES YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? APRIL FILING	1E0
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transactive special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	le will be printed below. If
	MARCH FILING	
11.	· · · · · · · · · · · · · · · · · · ·	N0
12.		N0
13.		NO
14.		N0
15.	· · · · ·	NO
16.	•	N0
17.		NO
18.		N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.		N0
22.		N0
23.		NO
24.		N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0
Explar	nation:	
11.		
12.		
13.		
4.4		
14.		
15.		
16.		
17.		
18.		
19.		

20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Consumer Incentives		346,463	
1497. Summary of remaining write-ins for Line 14 from Page 04	0	346,463	0

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

		1	2	3	4	5
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
2504.	Donat i ons.			4,750		4,750
2505.						0
2597.	Summary of remaining write-ins for Line 25 from Page 14	0	0	4,750	0	4,750

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

ANAOPS - Analysis of Operations by Lines of Business	5									
	1	2	3	4	5		7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	6 Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Consumer Incentives.	346,463							346,463		
1397. Summary of remaining write-ins for Line 13 from page 7	346,463	0	0	0	0	0	0	346,463	0	

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